

Section 754. EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
RECEIVED

DEC 28 2007

Change in Company's premium or rate level produced by rate revision
effective 12/18/2007 SPRINGFIELD, ILLINOIS

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|---------------------------------|---|-------------------------------------|
| 1. Automobile Liability Private | | |
| Passenger | | 0.00% |
| Commercial | | 0.00% |
| 2. Automobile Physical Damage | | |
| Private Passenger | | 0.00% |
| Commercial | | 0.00% |
| 3. Liability Other Than Auto | | 0.00% |
| 4. Burglary and Theft | \$24,495 | -1.50% |
| 5. Glass | | 0.00% |
| 6. Fidelity | | 0.00% |
| 7. Surety | | 0.00% |
| 8. Boiler and Machinery | | 0.00% |
| 9. Fire | | 0.00% |
| 10. Extended Coverage | | 0.00% |
| 11. Inland Marine | | 0.00% |
| 12. Homeowners | | 0.00% |
| 13. Commercial Multi-Peril | | 0.00% |
| 14. Crop Hail | | 0.00% |
| 15. Other | | 0.00% |
| Life of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify: NoBrief description of filing. (If filing follows rates of an advisory organization, specify organization): Rate & Rule Revision

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Auto-Owners Insurance Company

Name of Company

FILED

Emily Schmit, Assist. Manager, Comm. Prop. & Liab. Actuarial

Official--Title

MAR 17 1983

SOS-ISE-CODE UNIT

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 08-01-08

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|---|---|---|
| 1. Automobile Liability Private Passenger Commercial | | |
| 2. Automobile Physical Damage Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | 750 | -6.2 |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other _____ | | |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____

Adoption of ISO Revisions

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Employers Insurance Company of Wausau

Name of Company

Nancy Weiler

State Filings Analyst

Official - Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 08-01-08

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|---|---|---|
| 1. Automobile Liability Private Passenger Commercial | | |
| 2. Automobile Physical Damage Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | 1,372 | -25.0 |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other | | |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of ISO Revisions

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Employers Insurance Company of Wausau

Name of Company

Nancy Weiler

State Filings Analyst

Official - Title

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SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 08-01-08

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|---|---|-------------------------------------|
| 1. Automobile Liability Private Passenger Commercial | | |
| 2. Automobile Physical Damage Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | 13,125 | -25.0 |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other | | |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Adoption of ISO Revisions and Amended Loss Cost Multipliers

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Liberty Mutual Fire Insurance Company

Name of Company

Nancy Weiler

State Filings Analyst

Official - Title



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 08-01-08

| (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|---------------------------------|---|---|
| 1. Automobile Liability Private | | |
| Passenger Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | 3,021 | -6.3 |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other | | |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____

Adoption of ISO Revisions and Amended Loss Cost Multipliers

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Liberty Mutual Insurance Company

Name of Company

Nancy Weiler

State Filings Analyst

Official - Title



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Change in Company's premium or rate level produced by rate revision
effective 12/18/2007 **SPRINGFIELD, ILLINOIS**

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|---------------------------------|---|-------------------------------------|
| 1. Automobile Liability Private | | |
| Passenger | | 0.00% |
| Commercial | | 0.00% |
| 2. Automobile Physical Damage | | |
| Private Passenger | | 0.00% |
| Commercial | | 0.00% |
| 3. Liability Other Than Auto | | 0.00% |
| 4. Burglary and Theft | \$38,446 | -1.50% |
| 5. Glass | | 0.00% |
| 6. Fidelity | | 0.00% |
| 7. Surety | | 0.00% |
| 8. Boiler and Machinery | | 0.00% |
| 9. Fire | | 0.00% |
| 10. Extended Coverage | | 0.00% |
| 11. Inland Marine | | 0.00% |
| 12. Homeowners | | 0.00% |
| 13. Commercial Multi-Peril | | 0.00% |
| 14. Crop Hail | | 0.00% |
| 15. Other | | 0.00% |
| Life of Insurance | | |

Does filing only apply to certain territory (territories) or certain
classes? If so, specify: NoBrief description of filing. (If filing follows rates of an advisory
organization, specify organization): Rate & Rule Revision

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of
new rates.

Owners Insurance Company

Name of Company

FILED

Emily Schmitt, Assist. Manager, Comm. Prop. & Liab. Actuarial

Official--Title

MAR 17 1983

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